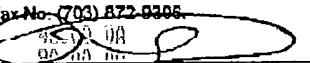
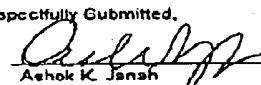


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Krasnov et al  Application No: 09/815,886 Confirmation No: 7371  Filed: March 22 <sup>nd</sup> , 2001  For: THIN FILM BATTERY AND METHOD OF MANUFACTURE	Group No: 1745  Examiner: Julian A. Mercado  Attorney Docket No: FRNT.4.US  Monday, June 28, 2004 San Francisco, CA 94107
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VIA FACSIMILE (703) 872-9306 Commissioner for Patents	Extension of Time		
<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Corrected Sheet of Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$110.00	\$55.00
	<input type="checkbox"/> Two Months	\$420.00	\$210.00
	<input type="checkbox"/> Three Months	\$950.00	\$475.00
<b>Total \$ 0.00</b>			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	43	43	0	\$18.00	\$0.00	\$0.00
Independent Claims	8	8	0	\$86.00	\$43.00	\$0.00
Multiple Dependent Claims				\$290.00	\$145.00	\$0.00
Supplemental Information Disclosure Statement						
						<b>Total \$ 0.00</b>

Fee Payment		Fee Deficiency
Extension Fees	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258 and/or
Fees for Extra Claims	\$0.00	<input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Total	\$0.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00.		Please direct all calls to: Ashok K. Janah at (415) 638-1555. Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):		
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below, via Fax No. (703) 872-9306.		
By:  Hilde Susan Daegnes		Date: June 28, 2004
Respectfully Submitted,		
By:  Ashok K. Janah Registration No. 37,487		Date: June 28, 2004